

| POSITION                  | INITIALS | ID NO.   | DATE     |
|---------------------------|----------|----------|----------|
| FEE DETERMINATION         |          |          |          |
| O.I.P.E. CLASSIFIER       |          |          |          |
| FORMALITY REVIEW          | 1.V.     | 2, 31503 | 05/17/01 |
| RESPONSE FORMALITY REVIEW | WT       | 571      | 08/04/01 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

| Claim | Date   |
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If more than 150 claims or 10 actions  
staple additional sheet here